



Older Iowans and Mental Health Redesign

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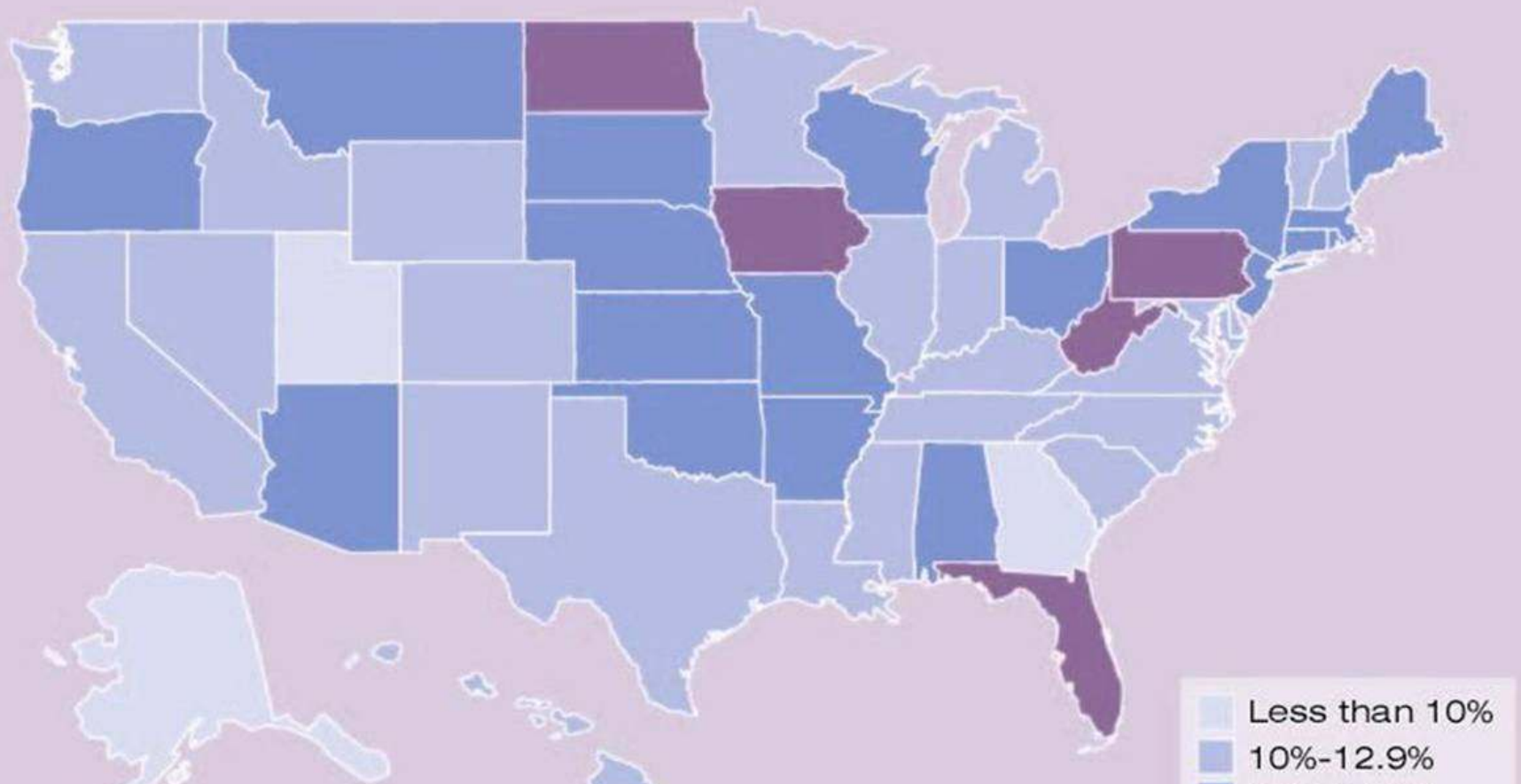
September 20, 2011

TODAY'S PRESENTATION

- WHERE DO OLDER IOWANS FIT IN
 - THE STATE'S ROLE
 - RESEARCH & RECOMMENDATIONS
-

WHAT WE ALREADY KNOW

Iowa is on the forefront of the aging population boom.

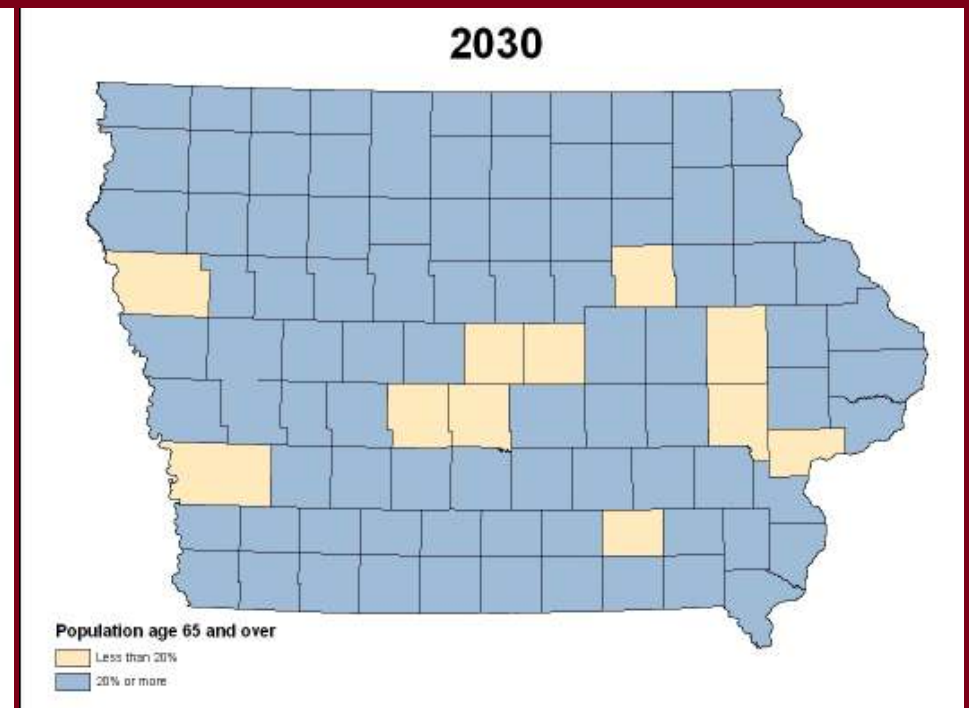


Iowa's baby boomers have just started to hit age 65...

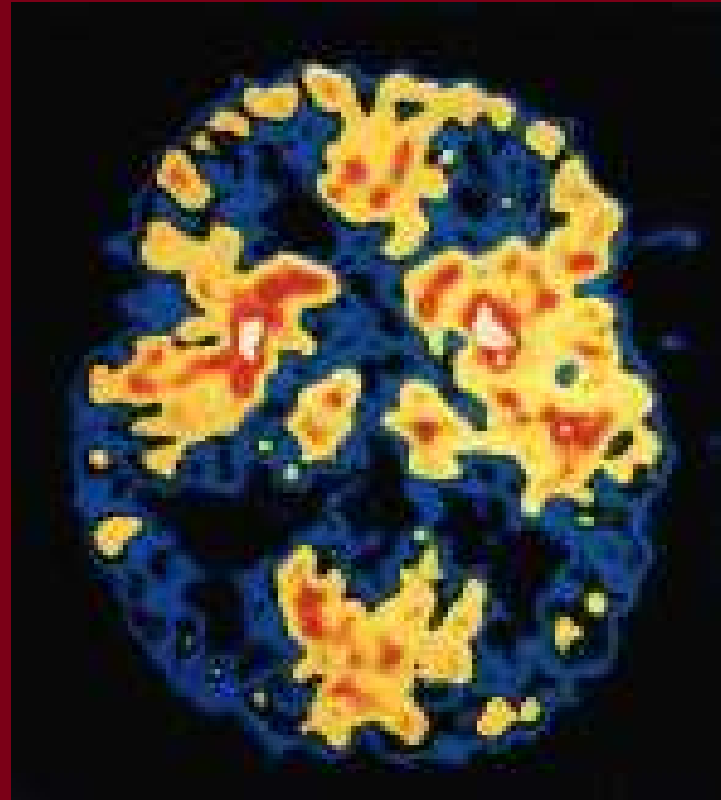
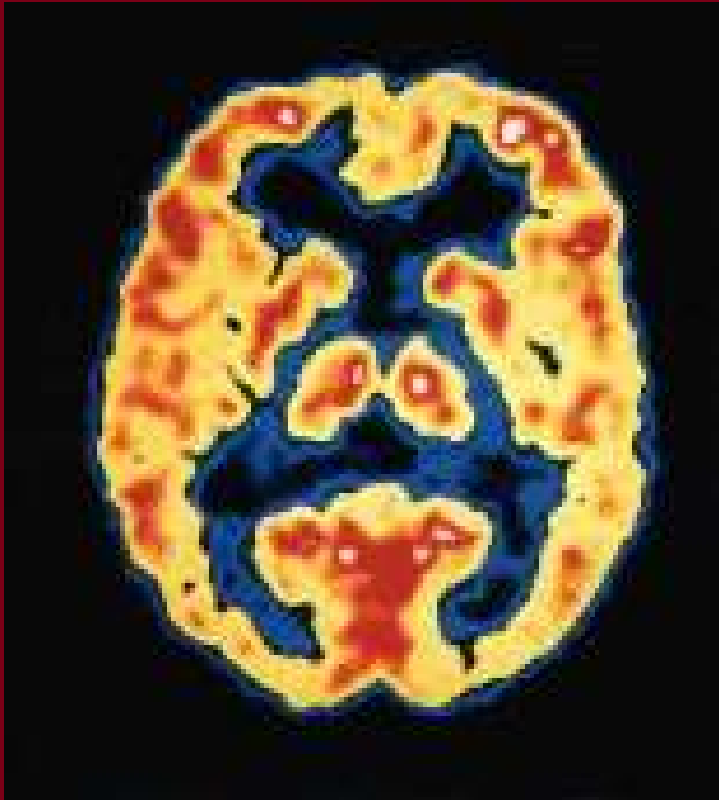


In the year 2000, Iowans over 65 years old represented at least 20% of the population in **30 counties**.

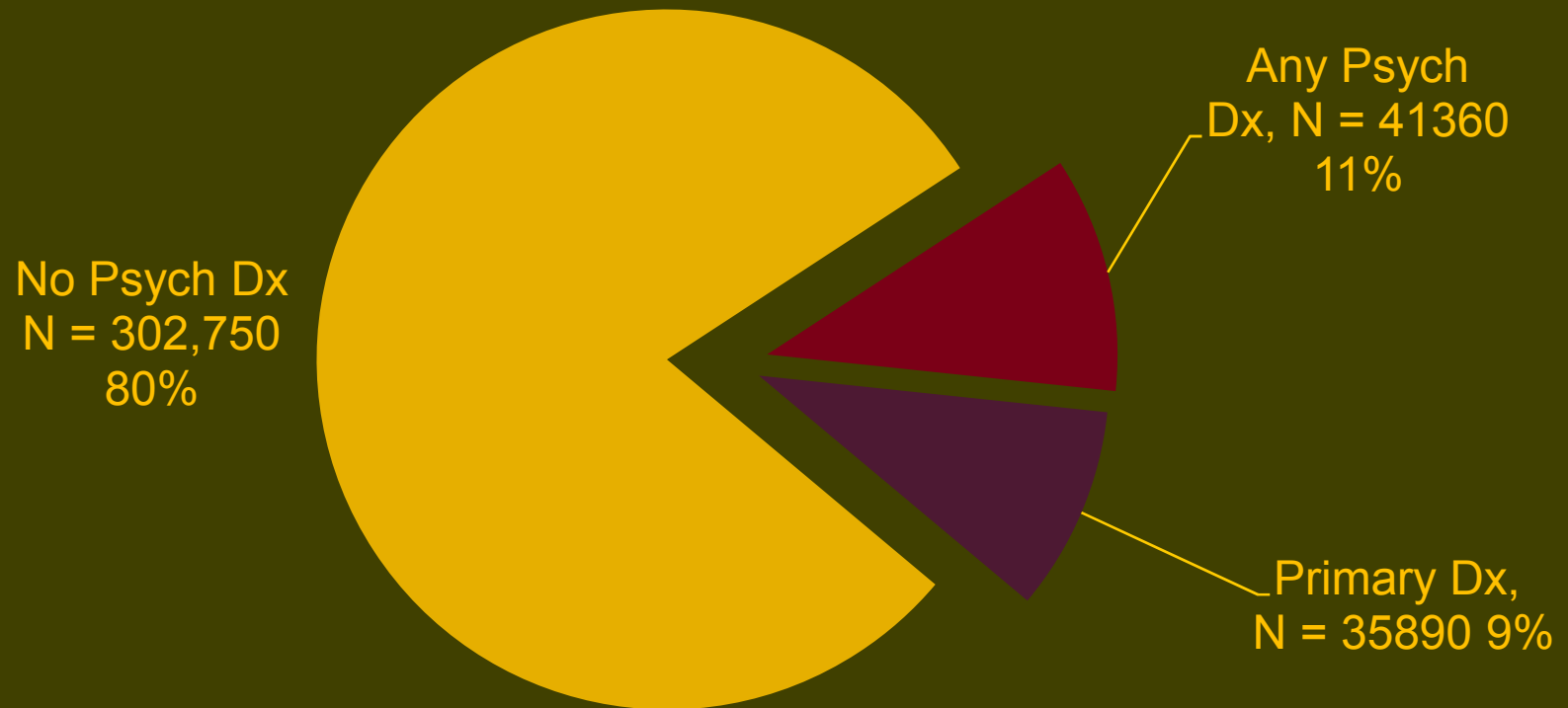
By 2030, the density will be apparent in **88 counties**



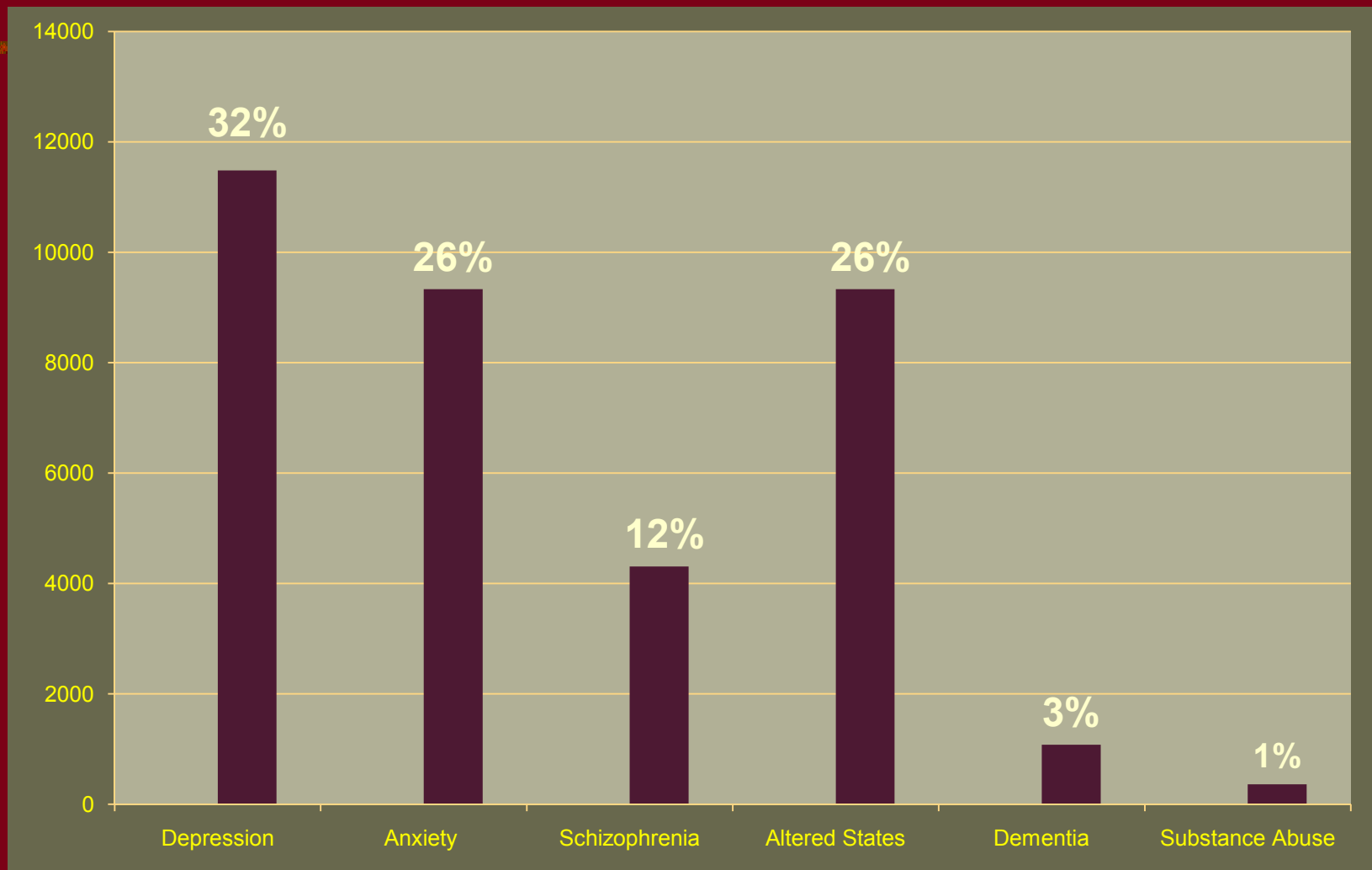
Aging does things to your brain....



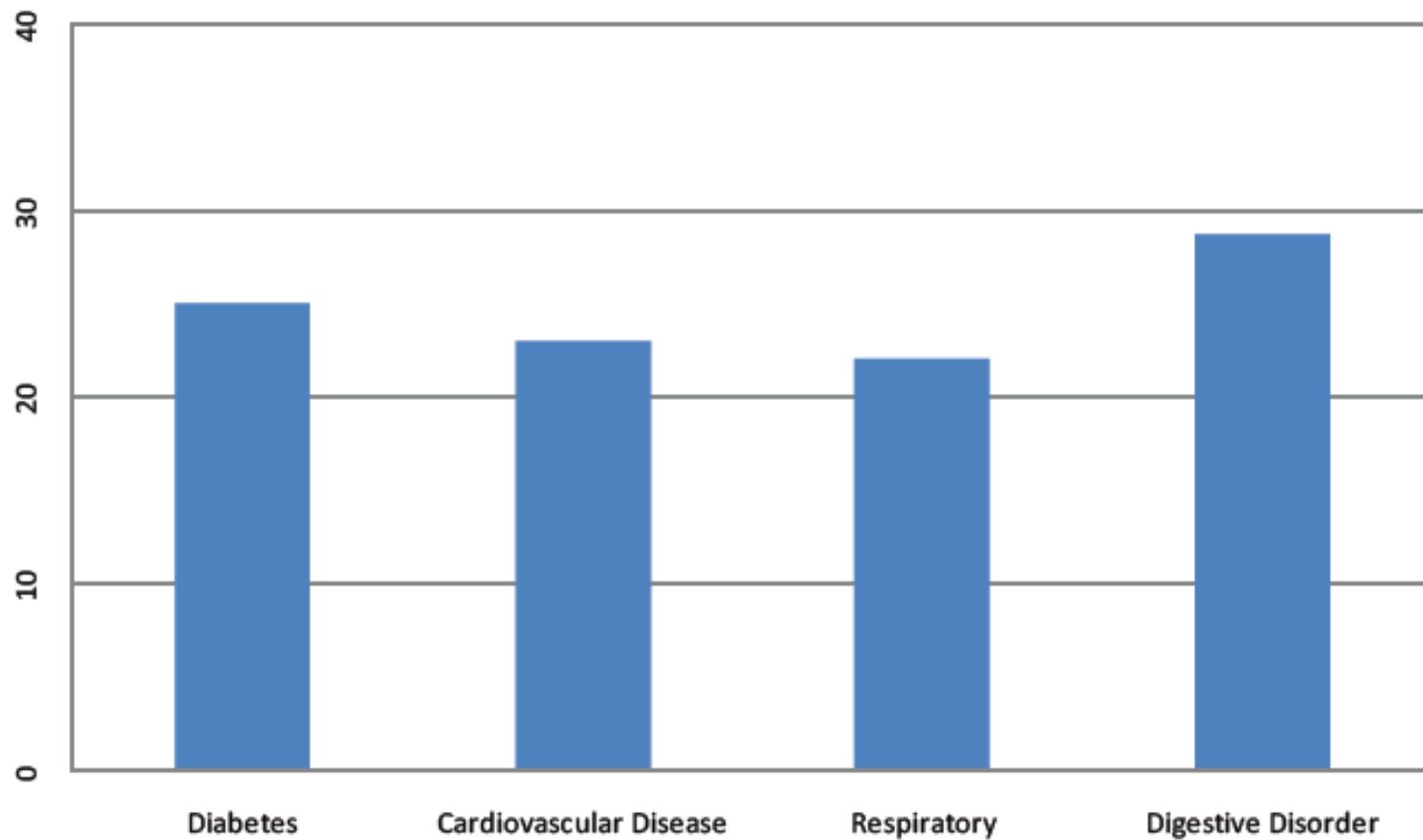
Prevalence of Primary Disorders



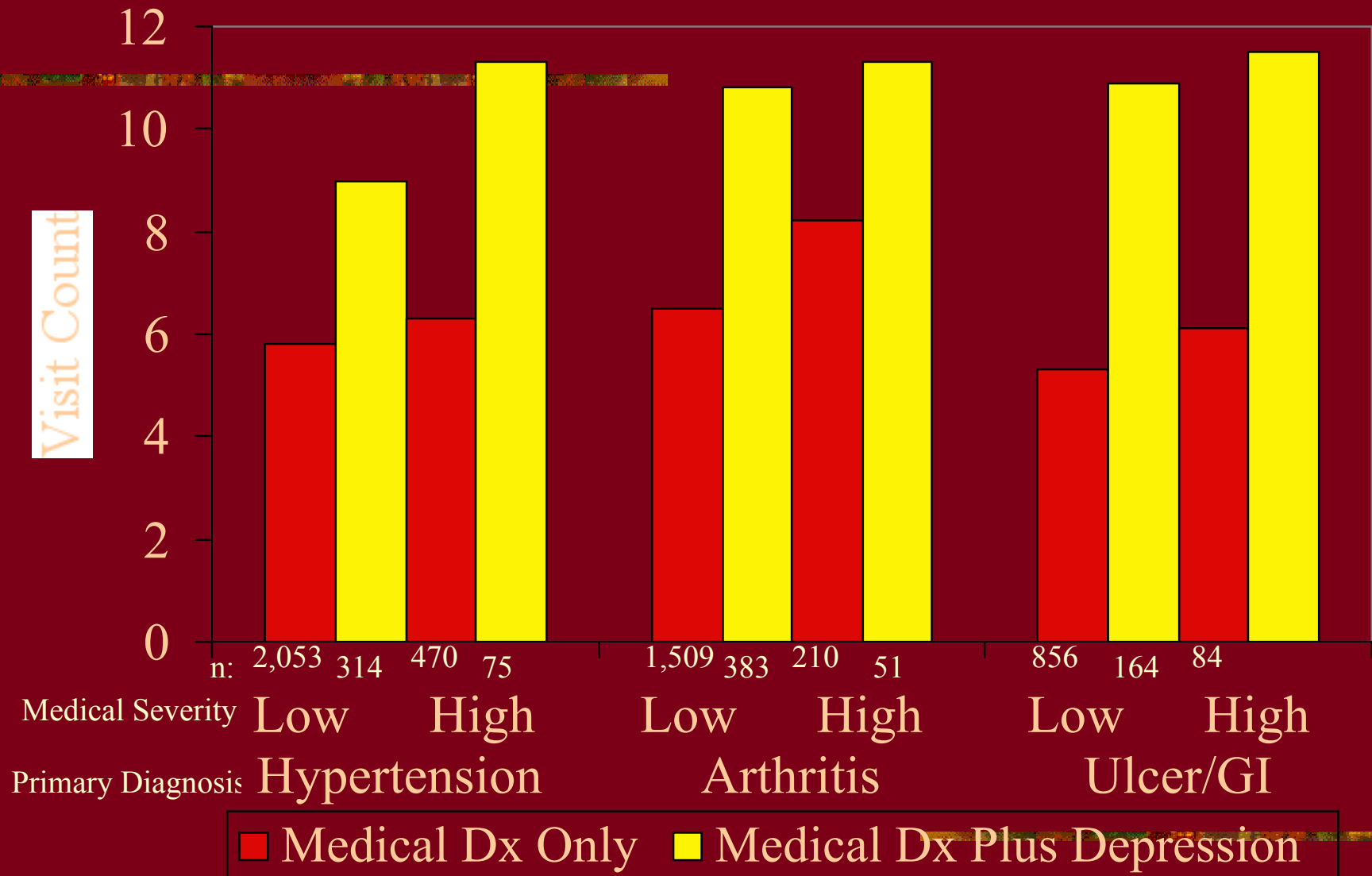
Spectrum of Primary Disorders



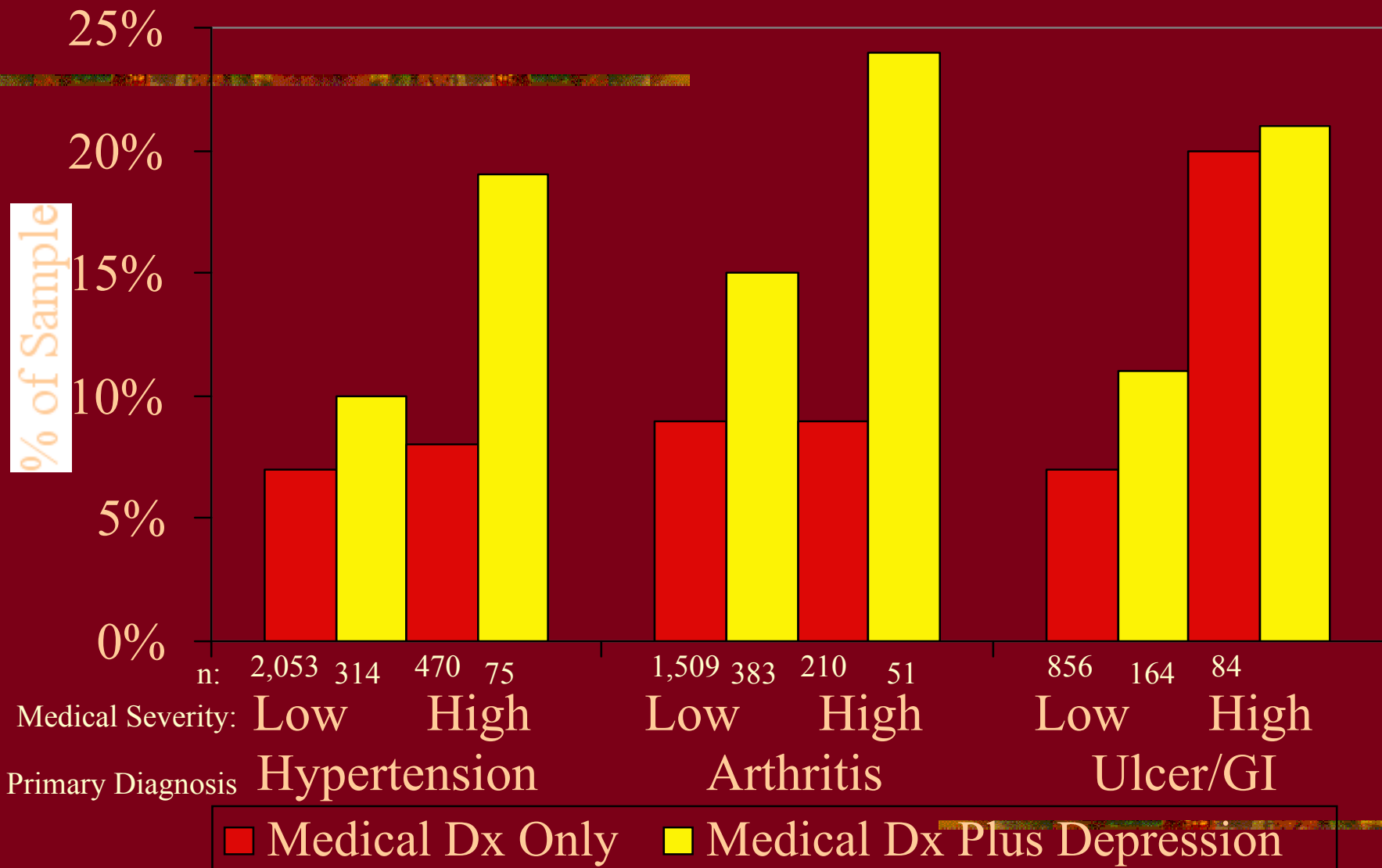
Percent of Older Iowans Diagnosed with A Mental Illness In Addition to Other Conditions



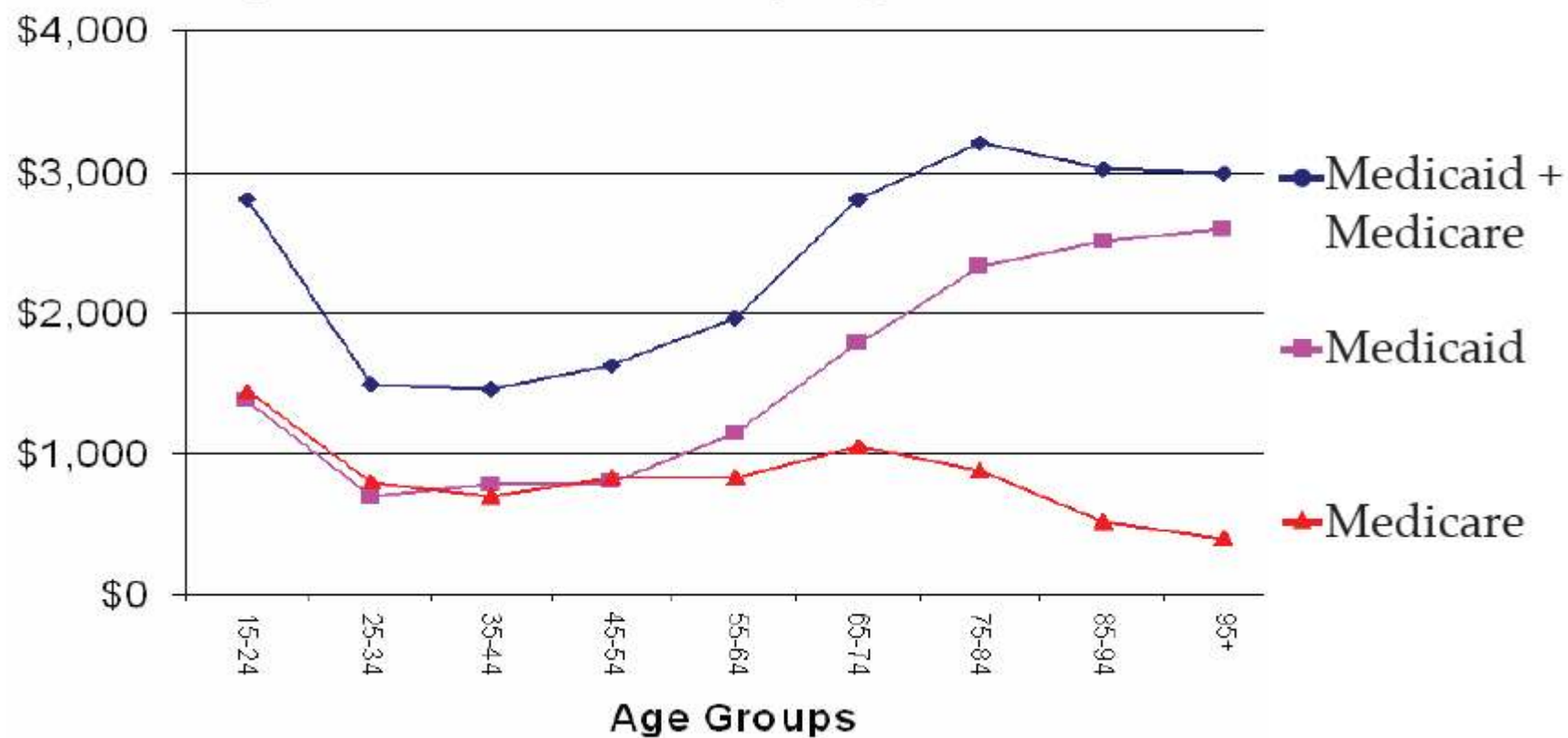
Number of Medical Visits



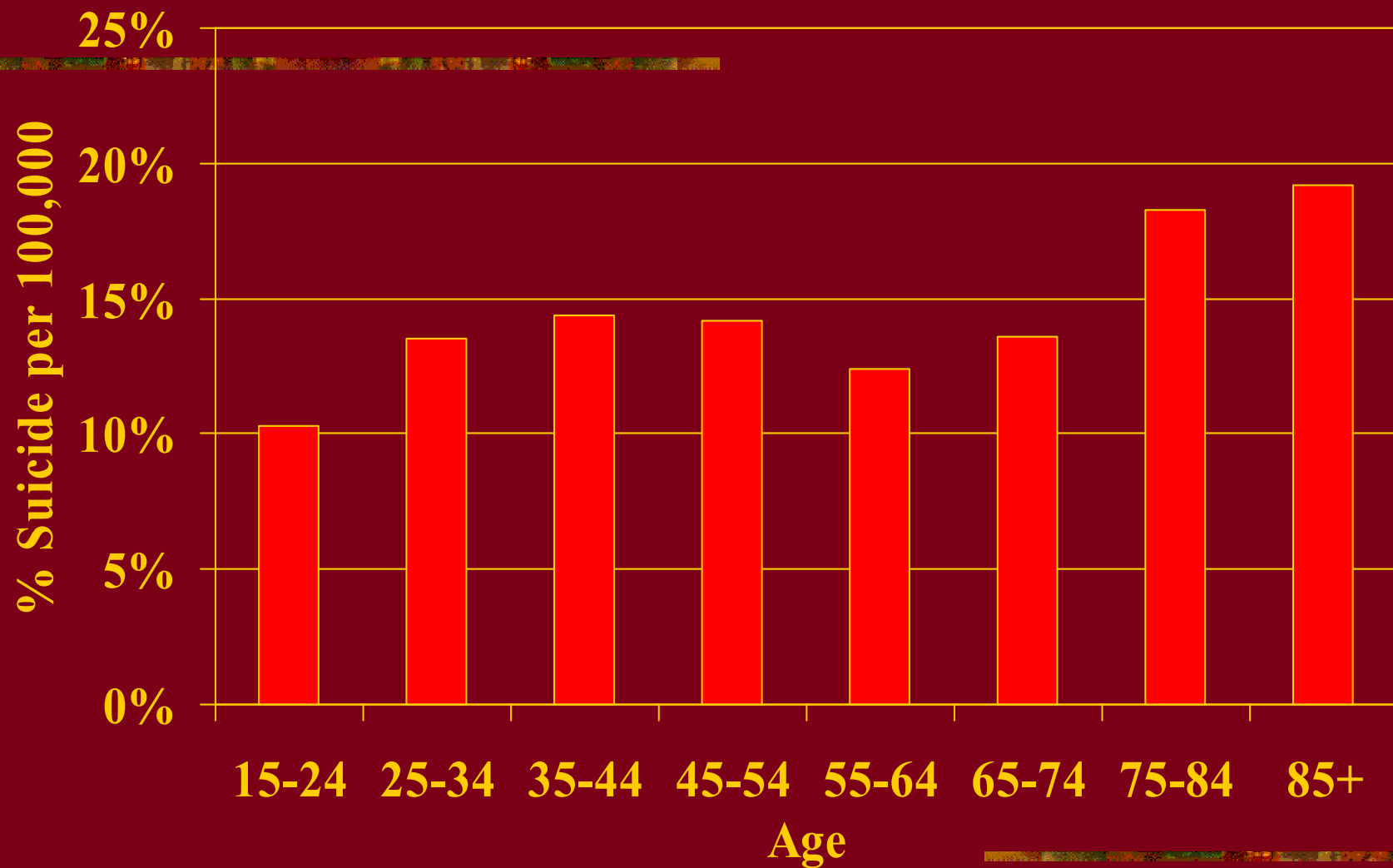
% Hospitalized



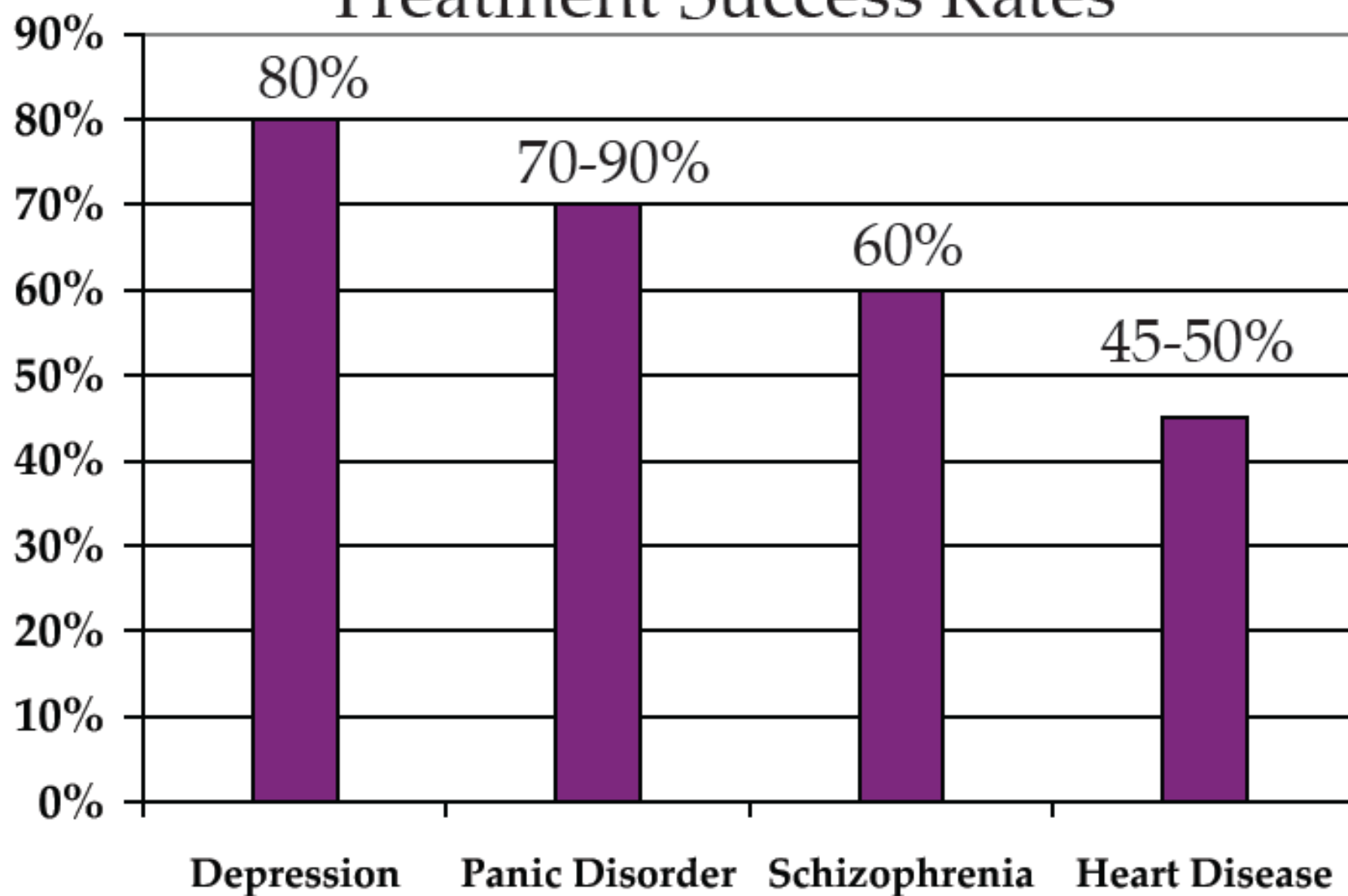
Monthly Per Person Costs by Age: Severe Mental Illness



Suicide Rate by Age Per 100,000



Treatment Success Rates

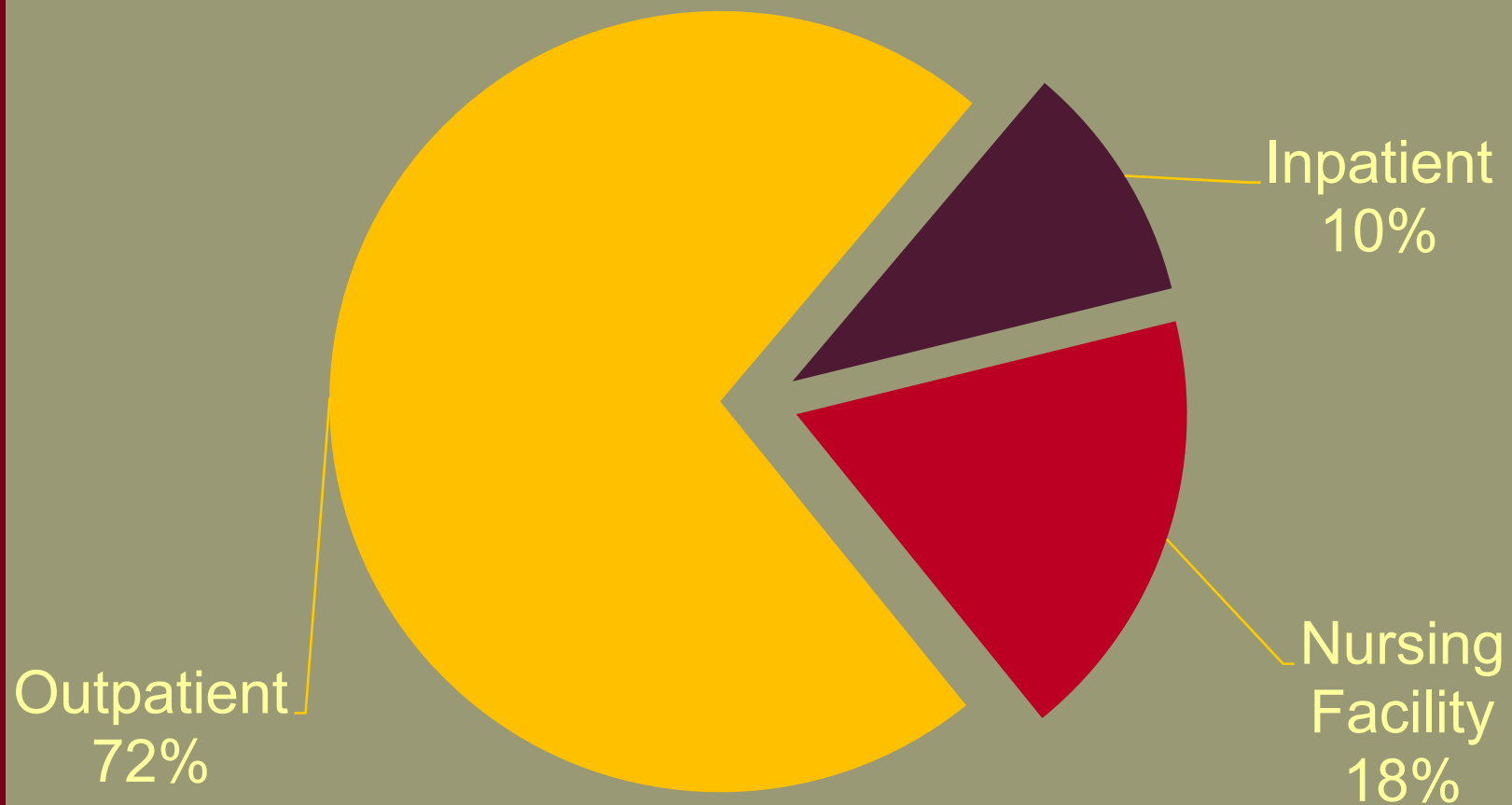


SERVICE USE PATTERNS

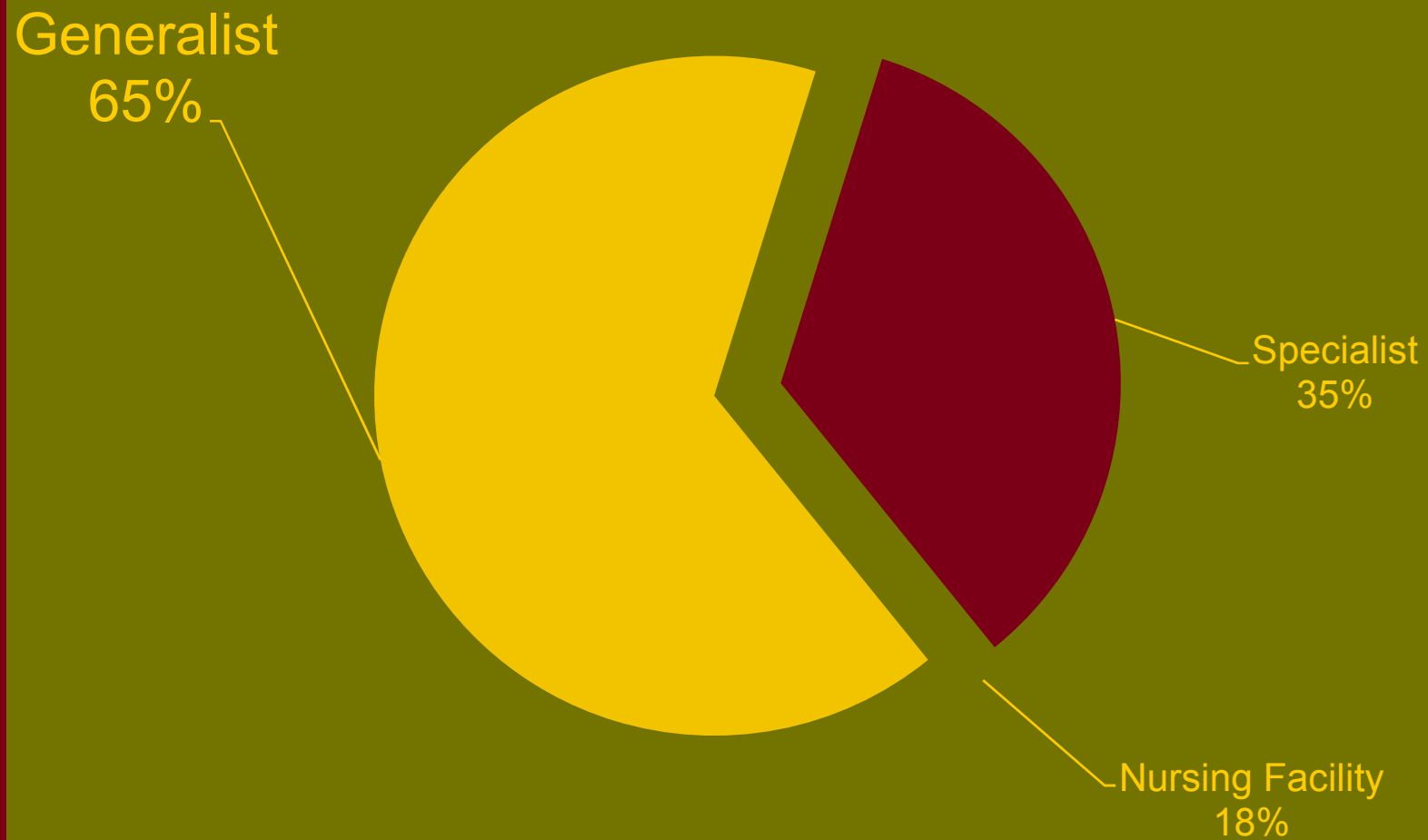
- WHERE DO THEY RECEIVE CARE?
 - WHO DO OLDER ADULTS SEE?
 - HOW LONG IS AN EPISODE OF CARE?
-

WHERE DO THEY RECEIVE CARE?

Iowans w/ Primary Psych Dx = 35,890



WHO DO THEY RECEIVE CARE FROM?



WHAT SERVICES DO THEY GET?

- *44% completed one episode of care*
- *93% received care in less one day*
- *87% received only one procedure*

- Fastest growing pop. for next 10-20 years;
- Unique diagnostic presentation;
- Shortcomings with service delivery.



Who's in charge?



Doctors and Hospitals?

- < 10 geriatric psychiatrists
 - < 5 inpatient hospital units
 - ? special care units in RCFs
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Public Mental Health System

■ County-level

- Board and administrative interest
 - Advocacy
 - Service use – allocation driven
-

State Authority

- Department of Human Services
 - Department on Aging
 - Department of Public Health
 - Department of Inspections & Appeals
-

Department of Human Services

Mental Health & Disability Services

- 2002 State-Wide Training
- 2004 Collaborative Models
- 2005 Coalition on MH & Aging
- PASRR Level I and Level II Evaluations



Iowa Medicaid Enterprise

- Carve Out Contract w/ Magellan Behavioral Health

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RESEARCH STUDY

Prevalence

- SPMI not the issue (these are NOT adults just getting older)
- Anxiety, depression & dementia should be key targets
- Illegal substance abuse overstated relative to incidence
- Delirium understated relative to incidence

Programs and Services

- Lack of formal identification and referral process
- Lack of emphasis on therapy and support services
- Disparity in residential & community mandates
- No oversight or corrective mechanisms

RECOMMENDATIONS

Older adults are not just like younger adults...

DHS – MHDS

Expand community-based programs

Increase evaluation

Medicaid - Magellan

Expand community-based providers

Increase evaluation



LIMITATIONS

- No historical interest or advocacy for older adults;
 - Competing administrative priorities & lack of staffing;
 - Lots of reasons not to develop community programs.
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